

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

**CENTURY INDEMNITY COMPANY, AS
SUCCESSOR TO CCI INSURANCE
COMPANY, AS SUCCESSOR TO
INSURANCE COMPANY OF NORTH
AMERICA and THE CONTINENTAL
INSURANCE COMPANY**

Plaintiffs,

versus

CIVIL ACTION NO. 08 CV 02012

**FREEPORT-MCMORAN COPPER &
GOLD INC., AS THE CLAIMED
SUCCESSOR TO PHELPS DODGE
CORPORATION, AS THE CLAIMED
SUCCESSOR TO CYPRUS AMAX
MINERALS COMPANY, AS THE
CLAIMED SUCCESSOR TO AMAX,
INC. AND AMAX METALS RECOVERY,
INC., AS SUCCESSOR TO AMERICAN
METAL CLIMAX, INC.**

Defendant.

AFFIDAVIT OF ROBERT GALARDI

I, Robert Galardi being of lawful age and having been duly sworn, state the following:

1. I make this affidavit based on personal knowledge pursuant to Rule 56 of the Federal Rules of Civil Procedure.
2. I am a Claim Specialist for the Environmental and Mass Tort Claims Department of The Continental Insurance Company ("Continental").
3. Attached as Exhibit A is a true and correct copy of the declarations page of insurance policy L-3320862. The declarations page indicates policy L-3320862 was issued, effective January 1, 1975 to January 1, 1976, by The Continental Insurance Company to Amax,

Inc. The declarations page indicates The Continental Insurance Company was located in New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in New York, New York.

4. Attached as Exhibit B is a true and correct copy of the declarations page of insurance policy L-3618826. The declarations page indicates policy L-3618826 was issued, effective January 1, 1976 to January 1, 1977, by The Continental Insurance Company to Amax, Inc. The declarations page indicates The Continental Insurance Company was located in New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in New York, New York.

5. Attached as Exhibit C is a true and correct copy of the declarations page of insurance policy L-1184328. The declarations page indicates policy L-1184328 was issued, effective January 1, 1977 to January 1, 1978, by The Continental Insurance Company to Amax, Inc. It appears the effective period of policy L-1184328 was later extended to January 1, 1980. The declarations page indicates The Continental Insurance Company was located in New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in Greenwich, Connecticut.

6. Attached as Exhibit D is a true and correct copy of a daily report for insurance policy SRL 3635913. The daily report indicates policy SRL 3635913 was issued, effective January 1, 1980 to January 1, 1981, by The Continental Insurance Company to Amax, Inc. The daily report indicates The Continental Insurance Company was located in New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in Greenwich, Connecticut.

7. Attached as Exhibit E is a true and correct copy of the declarations page of insurance policy SRL 3636099. The declarations page indicates policy SRL 3636099 was issued, effective January 1, 1981 to January 1, 1982, by The Continental Insurance Company to Amax, Inc. The declarations page indicates The Continental Insurance Company was located in New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in Greenwich, Connecticut.

8. Attached as Exhibit F is a true and correct copy of the declarations page of insurance policy SRL 3636291. The declarations page indicates policy SRL 3636291 was issued, effective January 1, 1982 to January 1, 1983, by The Continental Insurance Company to Amax, Inc. The declarations page indicates The Continental Insurance Company was located in New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in Greenwich, Connecticut.

9. Attached as Exhibit G is a true and correct copy of the declarations page of insurance policy SRL 3636677. The declarations page indicates policy SRL 3636677 was issued, effective January 1, 1983 to January 1, 1984, by The Continental Insurance Company to Amax, Inc. The declarations page indicates The Continental Insurance Company was located in New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in Greenwich, Connecticut.

10. Attached as Exhibit H is a true and correct copy of the declarations page of insurance policy SRL 3636859. The declarations page indicates policy SRL 3636859 was issued, effective January 1, 1984 to January 1, 1985, by The Continental Insurance Company to Amax, Inc. The declarations page indicates The Continental Insurance Company was located in

New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in Greenwich, Connecticut.

11. Attached as Exhibit I is a true and correct copy of the declarations page of insurance policy SRL 3344412. The declarations page indicates policy SRL 3344412 was issued, effective January 1, 1985 to January 1, 1986, by The Continental Insurance Company to Amax, Inc. The declarations page indicates The Continental Insurance Company was located in New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in Greenwich, Connecticut.

12. Attached as Exhibit J is a true and correct copy of the declarations page of insurance policy SRL 3347418. The declarations page indicates policy SRL 3347418 was issued, effective January 1, 1986 to April 1, 1986, by The Continental Insurance Company to Amax, Inc. The declarations page indicates The Continental Insurance Company was located in New York, New York, that the broker of the policy, Frenkel & Co., was located in New York, New York, and that Amax, Inc. was located in Greenwich, Connecticut.

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FURTHER AFFIANT SAITH NOT.

I affirm under the penalties for perjury that the foregoing is true and accurate to the best of my knowledge and belief.

Robert Galardi
Robert Galardi

STATE OF NEW JERSEY)
) SS:
COUNTY OF Middlesex)

Personally appeared before me, a Notary Public, in and for said County and State, Robert Galardi, who acknowledges the foregoing statements to be true and correct to the best of his knowledge and belief.

Subscribed and sworn to on this 6th day of June 2008.

Mary Ann Galayda
Notary Public

My Commission Expires:

Printed: **MARY ANN GALAYDA**
NOTARY PUBLIC
STATE OF NEW JERSEY
No. 2057292

My Commission Expires **MARCH 10, 2009**

EXHIBIT A

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
RESPONSE IN OPPOSITION TO FREEPORT-MCMORAN COPPER & GOLD, INC.'S MOTION TO
DISMISS OR STAY THIS ACTION**

CENTURY INDEMNITY COMPANY, ET AL., VS. FREEPORT-MCMORAN COPPER & GOLD INC., ET AL.

**IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
CIVIL ACTION NO. 08 CV 02012**

CBM-IPG\SF407339.1

Producer
 Frenkel & Co.
 156 William Street
 New York City, N. Y. 10038
 Code No. 81 521 056

Policy No. I 3 32 OF '2

CONFIDENTIAL

The Continental Insurance Company
 (A Stock Company Organized 1853)
 80 Maiden Lane, New York, New York 10038

(A Stock Company herein called the Company)

Agrees with the Named Insured, in consideration of the payment of the premium and subject to the declarations following, to provide Insurance as hereinafter set forth, subject to all the terms of this policy as follows:

Blanket Liability Policy

Declarations

Item I
 Named Insured: Amax Inc., And As Schedule A Attached

Item II
 Address: 1270 Avenue Of The Americas
 New York, New York

Item III - Policy Period: From: January 1, 1975
 To: January 1, 1976

12:01 A. M. Standard Time, at the
 Address of the Named Insured as
 stated herein as to both of said
 dates.

Item IV - Limits of Liability

Coverage A

Personal Injury Liability	\$1,000,000 Each Occurrence
	\$1,000,000 Aggregate Products

Coverage B

Property Damage Liability	\$100,000 Each Occurrence
	\$100,000 Aggregate Products

The CONTINENTAL INSURANCE COMPANIES

AX 0000005

EXHIBIT B

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
RESPONSE IN OPPOSITION TO FREEPORT-MCMORAN COPPER & GOLD, INC.'S MOTION TO
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**IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
CIVIL ACTION NO. 08 CV 02012**

CBM-IPG\SF407339.1

Producer
 Frenkel & Company, Inc.
 156 William Street
 New York, N. Y. 10038
 Code No. 81 980 021

Policy No. L-3 61 88 26

CONFIDENTIAL

THE CONTINENTAL INSURANCE COMPANY
 (A Stock Company Organized 1853)
 80 Maiden Lane, New York, New York 10038

(A Stock Company Herein Called The Company)

Agrees with the Named Insured, in consideration of the payment of the premium and subject to the declarations following, to provide Insurance as hereinafter set forth, subject to all the terms of this policy as follows:

BLANKET LIABILITY POLICY

DECLARATIONS

Item I

Named Insured: AMAX, Inc., And As per Schedule "A" Attached

Item II

Address: 1270 Avenue Of The Americas
 New York, New York

Item III

Policy Period: From: January 1, 1976
 To: January 1, 1977
 12:01 A. M. Standard Time, at the
 Address of the Named Insured as
 Stated herein as to both of said
 Dates.

Item IV - Limits of Liability

Coverage A

Personal Injury Liability	\$1,000,000 Each Occurrence
	\$1,000,000 Aggregate

Coverage B

Property Damage Liability	\$250,000 Each Occurrence
	\$250,000 Aggregate Products
	\$500,000 Aggregate All Other Property Damage Coverage

Guaranty Fund \$36.00

The CONTINENTAL INSURANCE COMPANIES

AMERICAN INSURANCE COMPANIES

EXHIBIT C

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
RESPONSE IN OPPOSITION TO FREEPORT-MCMORAN COPPER & GOLD, INC.'S MOTION TO
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**IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
CIVIL ACTION NO. 08 CV 02012**

CBM-IPG\SF407339.1

Producer
Frenkel & Company, Inc.
156 William Street
New York, N.Y. 10038
Code No. 81 980 021

Policy No. L1 18 43 28

THE CONTINENTAL INSURANCE COMPANY
(A Stock Company Organized 1853)
80 Maiden Lane, New York, New York 10038
(A Stock Company Herein Called The Company)

Agrees with the Named Insured, in consideration of the payment of the premium and subject to the declarations following, to provide Insurance as hereinafter set forth, subject to all the terms of this policy as follows:

BLANKET LIABILITY POLICY

DECLARATIONS

Item I

Named Insured: AMAX, Inc., And As per Schedule "A" Attached

Item II

Address: AMAX CENTER
GREENWICH, CONNECTICUT, 06830

Item III

Policy Period: From: January 1, 1977
To: January 1, 1978
12:01 A.M. Standard Time, at the
Address of the Named Insured as
Stated herein as to both of said
Dates.

Item IV - Limits of Liability

Coverage A

Personal Injury Liability	\$1,000,000 Each Occurrence
	\$1,000,000 Aggregate

Coverage B

Property Damage Liability	\$250,000 Each Occurrence
	\$250,000 Aggregate Products
	\$1,000,000 Aggregate All Other Property Damage Coverage

Guaranty Fund \$408.00

The CONTINENTAL INSURANCE COMPANIES

EXHIBIT D

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
RESPONSE IN OPPOSITION TO FREEPORT-MCMORAN COPPER & GOLD, INC.'S MOTION TO
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CENTURY INDEMNITY COMPANY, ET AL., VS. FREEPORT-MCMORAN COPPER & GOLD INC., ET AL.

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CIVIL ACTION NO. 08 CV 02012**

CBM-IPG\SF407339.1

USE ONLY	PREMIUM	900,627		Semi-Annual	Quarterly	Monthly
	AVOID BASIS OF ADJUSTMENT	REGD.				

(Dwight Clegg)

WRITING NO. 1	<p>The Continental Insurance Company 80 Maiden Lane New York, N.Y. 10038</p>	11
<p>Frenkel & Company Inc. 125 William Street New York, N.Y. 10038</p>		81 980 021
<p>AMAX, Inc. & As Per Schedule A Attached Amex Center Greenwich, Conn. 06830</p>		<input checked="" type="checkbox"/> Named <input type="checkbox"/> Insured <input type="checkbox"/> and Address <input type="checkbox"/> Other <input type="checkbox"/> Business

11 Code

Policy No SRL
3 63 59 13

**Producer's
Name
and Code**

Renewal
L 1184328

The named insured is:
Individual Partnership Corporation
Joint Venture
Other (specify) _____

Business of the named insured is

Item 2. From **12:01a** M. **1-1-80** to **1-1-81**
Policy Period: (Hour and Minute)
12:01 A.M., standard time at the address of the named insured as stated herein.

Audit Required

**LIABILITY INSURANCE POLICY
DAILY REPORT**

Item 3. The insurance afforded is only with respect to such of the following Coverage Parts as are indicated by specific premium charge or charges.

Coverage Parts	Advance Premiums
Basic Automobile Liability Insurance	\$
Comprehensive Automobile Liability Insurance	\$
Automobile Medical Payments Insurance	\$
Garage Insurance	\$
Uninsured Motorists Insurance	\$
Automobile Physical Damage Insurance	\$
Automobile Physical Damage Insurance (Dealers)	\$
	\$
	\$
	\$
	\$
Comprehensive General Liability Insurance	\$ 906,627
Owners', Landlords' and Tenants' Liability Insurance	\$
Manufacturers' and Contractors' Liability Insurance	\$
Comprehensive Personal Insurance	\$
Farmer's Comprehensive Personal Insurance	\$
Contractual Liability Insurance	\$
Premises Medical Payments Insurance	\$
Owners' and Contractors' Protective Liability Insurance	\$
Personal Injury Liability Insurance	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Advance Premium for this policy	\$ 906,627

Form numbers of endorsements forming a part of the policy on its effective date:

L7251 (2)

is payable on effective date of Policy \$

1st Anniversary \$

• 2nd Anniversary \$

Countersigned by

EXHIBIT E

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
RESPONSE IN OPPOSITION TO FREEPORT-MCMORAN COPPER & GOLD, INC.'S MOTION TO
DISMISS OR STAY THIS ACTION**

***CENTURY INDEMNITY COMPANY, ET AL., VS. FREEPORT-MCMORAN COPPER & GOLD INC., ET
AL.***

**IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
CIVIL ACTION NO. 08 CV 02012**

CBM-IPG\SF407339.1

Policy
Issued By

The Continental Insurance Company
80 Maiden Lane
New York, NY 10038

A STOCK COMPANY

Policy No. SRL

11

3 63 60 99

Producer's
Name

Frenkel & Co., Inc.
123 William Street
New York, NY 10038

99 913 659

Renewal of:

SRL 3635913

Item 1.
Named
Insured
and Address
(Number and
Street, Town or
City, County
and State)

Amax Inc. & As Per Schedule A Attached
Amax Center
Greenwich Conn. 06830

The named insured is:
Individual Partnership Corporation
Joint Venture
Other (specify)

Business of the named insured is:

Mining, Smelting & Refining

Item 2.

Policy From 12:01A .M., 1/1/81 to 1/1/82
(Hour and Minutes)

12:01 A.M., standard time at the address of the named insured as stated herein.

Audit Period: Annual, unless otherwise stated.

Audit Required
 Yes No

LIABILITY INSURANCE POLICY – SECTION TWO – DECLARATIONS (For Automobile Insurance or General Liability Insurance separately or combined)

Item 3. The insurance afforded is only with respect to such of the following Coverage Parts as are indicated by specific premium charge or charges.

Coverage Parts	Advance Premiums
Basic Automobile Liability Insurance	\$
Comprehensive Automobile Liability Insurance	\$
Automobile Medical Payments Insurance	\$
Garage Insurance	\$
Uninsured Motorists Insurance	\$
Automobile Physical Damage Insurance	\$
Automobile Physical Damage Insurance (Dealers)	\$
	\$
	\$
	\$
Comprehensive General Liability Insurance	\$ 1,254,000
Owners', Landlords' and Tenants' Liability Insurance	\$
Manufacturers' and Contractors' Liability Insurance	\$
Comprehensive Personal Insurance	\$
Farmer's Comprehensive Personal Insurance	\$
Contractor's Liability Insurance	\$
Automobile Medical Payments Insurance	\$
Owners' and Contractors' Protective Liability Insurance	\$
Personal Injury Liability Insurance	\$
	\$
	\$
	\$
Deposit Premium	\$ 663,240
Total Advance Premium for this policy	\$ see end of #I

Form numbers of endorsements forming a part of the policy on its effective date:

Premium is payable: On effective date of policy \$; 1st Anniversary \$; 2nd Anniversary \$

This declarations page shall not be binding on the company unless countersigned by a duly authorized representative of the company, and attached, with the original, to Section One of the company's Liability Insurance Policy, and completed by one or more Coverage Parts for which there is an advance premium indicated on this page.

Countersigned by

G. Paragon

EXHIBIT F

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
RESPONSE IN OPPOSITION TO FREEPORT-MCMORAN COPPER & GOLD, INC.'S MOTION TO
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CENTURY INDEMNITY COMPANY, ET AL., VS. FREEPORT-MCMORAN COPPER & GOLD INC., ET AL.

**IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
CIVIL ACTION NO. 08 CV 02012**

CBM-IPG\SF407339.1

The Continental Insurance Company
30 Maiden Lane
New York, NY 10038

Frenkel & Co., Inc.
123 William Street
New York, NY 10038

99 913 659

11

3 62 62 91

Renewal of

SRL 3636099

Address and
Business of the named insured is:
Amex Inc. & As Per Schedule A Attached
Amex Center
Greenwich Conn. 06830

Producer's
Code

The named insured is:
Individual Partnership Corporation
Joint Venture
Other (specify) Mining, Smelting & Refining
Business of the named insured is:

1. Address and Business of the named insured is:
From 12:01A. M., 1/1/82 to 1/1/83
(Hour and Minute)
12:01 A.M., standard time at the address of the named insured as stated herein.
2. Annual, unless otherwise stated.

Audit Required
 Yes No

LIABILITY INSURANCE POLICY - SECTION TWO - DECLARATIONS (For Automobile Insurance or General Liability Insurance separately or combined)

3. The insurance afforded is only with respect to such of the following Coverage Parts as are indicated by specific premium charge or charges.

Coverage Parts	Advance Premiums
Basic Automobile Liability Insurance	\$
Comprehensive Automobile Liability Insurance	\$
Automobile Medical Payments Insurance	\$
Garage Insurance	\$
Uninsured Motorists Insurance	\$
Automobile Physical Damage Insurance	\$
Automobile Physical Damage Insurance - Dealers	\$
	\$
	\$
	\$
Comprehensive General Liability Insurance	\$ 979,860
Owners', Landlords' and Tenants' Liability Insurance	\$
Manufacturers' and Contractors' Liability Insurance	\$
Comprehensive Personal Insurance	\$
Farmer's Comprehensive Personal Insurance	\$
Contractual Liability Insurance	\$
Premises Medical Payments Insurance	\$
Owners' and Contractors' Protective Liability Insurance	\$
Personal Injury Liability Insurance	\$
	\$
	\$
	\$
	\$
Deposit Premium	636,298
Total Advance Premium for this policy	See end't #1

Form numbers of endorsements forming a part of the policy on its effective date:

Sum is payable: On effective date of policy \$; 1st Anniversary \$; 2nd Anniversary \$

Declarations page shall not be binding on the company unless countersigned by a duly authorized representative of the company, and attached, to Section One of the company's Liability Insurance Policy, and completed by one or more Coverage Parts for which there is an advance premium indicated on this page.

Countersigned by J. Paragon

EXHIBIT G

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
RESPONSE IN OPPOSITION TO FREEPORT-MCMORAN COPPER & GOLD, INC.'S MOTION TO
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CENTURY INDEMNITY COMPANY, ET AL., VS. FREEPORT-MCMORAN COPPER & GOLD INC., ET AL.

**IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
CIVIL ACTION NO. 08 CV 02012**

CBM-IPG\SF407339.1

60 MULLEN LANE
NEW YORK, NY 10038

11

3 63 56 77

Producer's
Name
and
Address

FRENKEL & CO. INC.
123 WILLIAM ST
NEW YORK, NY 10038

99913659

Renewal of

SRL 3636291

1.
named
Insured
Number and
reet, Town or
City County
and State)

AMAX INC.
& AS PER SCHEDULE A ATT
AMAX CENTER
GREENWICH, CONN. 06830

The named insured is:
Individual Partnership Corporation
Joint Venture
Other (specify) MINING, SMELTING, REFINING

Business of the named insured is:

Item 2.
Policy From

12:01 AM

1-1-83

to 1-1-84

Period: (Hour and Minutes)

12:01 A.M., standard time at the address of the named insured as stated herein.

Audit Period:

Annual, unless otherwise stated.

Audit Required
 Yes No

CONFIDENTIAL

LIABILITY INSURANCE POLICY – SECTION TWO – DECLARATIONS
(For Automobile Insurance or General Liability Insurance separately or combined)

Item 3. The insurance afforded is only with respect to such of the following Coverage Parts as are indicated by specific premium charge or charges.

Coverage Parts	Advance Premiums
Basic Automobile Liability Insurance	\$
Comprehensive Automobile Liability Insurance	\$
Automobile Medical Payments Insurance	\$
Garage Insurance	\$
Uninsured Motorists Insurance	\$
Automobile Physical Damage Insurance	\$
Automobile Physical Damage Insurance Dealers:	\$
	\$
	\$
	\$
Comprehensive General Liability Insurance	\$ 642161
Owners', Landlords' and Tenants' Liability Insurance	\$
Manufacturers' and Contractors' Liability Insurance	\$
Comprehensive Personal Insurance	\$
Farmer's Comprehensive Personal Insurance	\$
Contractual Liability Insurance	\$
Premises Medical Payments Insurance	\$
Owners' and Contractors' Protective Liability Insurance	\$
Personal Injury Liability Insurance	\$
	\$
	\$
	\$
	\$
Total Advance Premium for this policy	\$ 642161

For numbers of endorsements forming a part of the policy on its effective date:

L 7251, L 8199s, L8199, L6817

Premium is payable: On effective date of policy \$; 1st Anniversary \$; 2nd Anniversary \$

This declarations page shall not be binding on the company unless countersigned by a duly authorized representative of the company, and attached, when issued, to Section One of the company's Liability Insurance Policy, and completed by one or more Coverage Parts for which there is an advance premium indicated on this page.

Countersigned by

F. Paragon

EXHIBIT H

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
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**IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
CIVIL ACTION NO. 08 CV 02012**

Continental Insurance Co
10 Maiden Lane
New York, New York 10038

Frankel & Co. Inc.
123 William St.
New York, N. Y. 10038

99 913 659

3.63 68 59

SRL 3 63 66 77

n 1.
med
ured
address
or and
Town or
County
State)

Amax Inc.
& As Per Schedule A Att.
Amax Center
Greenwich, Conn. 06830

The named insured is:
Individual Partnership Corporation
Joint Venture
Other (specify) MINING, SMELTING, REFINING
Business of the named insured is

m 2.
Policy From 12:01A.M., 1/1/84 To 1/1/85
Period: (Hour and Minute)
12:01 A.M., standard time at the address of the named insured as stated herein.
Audit Period: 12/31
Annual, unless otherwise stated.

Audit Required

LIABILITY INSURANCE POLICY – SECTION TWO – DECLARATIONS
(For Automobile Insurance or General Liability Insurance separately or combined)

CERTIFICATE OF INSURANCE

n 3. The insurance afforded is only with respect to such of the following Coverage Parts as are indicated by specific premium charge or charges.

Coverage Parts	Advance Premiums
Basic Automobile Liability Insurance	\$
Comprehensive Automobile Liability Insurance	\$
Automobile Medical Payments Insurance	\$
Garage Insurance	\$
Uninsured Motorists Insurance	\$
Automobile Physical Damage Insurance	\$
Automobile Physical Damage Insurance (Dealers)	\$
	\$
	\$
	\$
	\$
Comprehensive General Liability Insurance	\$ 750,563.
Owners', Landlords' and Tenants' Liability Insurance	\$
Manufacturers' and Contractors' Liability Insurance	\$
Comprehensive Personal Insurance	\$
Farmer's Comprehensive Personal Insurance	\$
Contractual Liability Insurance	\$
Premises Medical Payments Insurance	\$
Owners' and Contractors' Protective Liability Insurance	\$
Personal Injury Liability Insurance	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Advance Premium for this policy	\$ 750,563.

Form numbers of endorsements forming a part of the policy on its effective date: Deposit \$338.574.

L7251(4)

remium is payable: On effective date of policy \$; 1st Anniversary \$; 2nd Anniversary \$

CERTIFICATE OF INSURANCE

CERTIFICATE OF INSURANCE

Countersigned by:
issued to the insured

The Company hereby states that it has issued to the insured named in this certificate a policy of which this certificate is a copy. This certificate is not a policy of insurance. It is a memorandum of the policy referred to herein at the date of issue hereof and is furnished as a matter of information only, with the understanding that the rights and liabilities of the parties will be governed by the original policy as it may be lawfully amended from time to time. This certificate is incomplete unless attached, when furnished to the holder, to Section One of the Company's Liability Insurance Policy.

EXHIBIT I

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
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CIVIL ACTION NO. 08 CV 02012**

CBM-IPG\SF407339.1

The Continental Insurance Co.
180 Maiden Lane
New York, N. Y.

FIRTEL COMPANY

Policy No. SRL

3 34 44 12

11

Frenkel & Co. Inc.
123 William St.
New York, N. Y. 10038

99 913 659

Producer's
Code

Renewal of:

SRL 3 63 68 59

F
or's
Name
and
AddressItem 1.
Named
Insured
and Address
(Number and
Street, Town or
City, County
and State)

Amax Inc.
& As Per Schedule A Att.
Amax Center
Greenwich, Conn. 06830

The named insured is:
Individual Partnership Corporation
Joint Venture

Other (Specify) MINING, SMELTING, REFINING

Business of the named insured is

Item 2.
Policy
Period:
From 12:01A M. 1/1/85 to 1/1/8612:01 A.M. standard time at the address of the named insured as stated herein.
1k 2/5Audit
Period: Annual, unless otherwise stated.Audit Required
 Yes No

LIABILITY INSURANCE POLICY - SECTION TWO - DECLARATIONS

(For Automobile Insurance or General Liability Insurance separately or combined)

Item 3. The insurance afforded is only with respect to such of the following Coverage Parts as are indicated by specific premium charge or charges.

Coverage Parts	Advance Premiums
Basic Automobile Liability Insurance	\$
Comprehensive Automobile Liability Insurance	\$
Automobile Medical Payments Insurance	\$
Garage Insurance	\$
Uninsured Motorists Insurance	\$
Automobile Physical Damage Insurance	\$
Automobile Physical Damage Insurance (Dealers)	\$
	\$
	\$
	\$
Comprehensive General Liability Insurance	\$ 814,571.
Owners', Landlords' and Tenants' Liability Insurance	\$
Manufacturers' and Contractors' Liability Insurance	\$
Comprehensive Personal Insurance	\$
Farmer's Comprehensive Personal Insurance	\$
Contractual Liability Insurance	\$
Premises Medical Payments Insurance	\$
Owners' and Contractors' Protective Liability Insurance	\$
Personal Injury Liability Insurance	\$
	\$
	\$
	\$
	\$
Total Advance Premium for this policy	\$ 814,571.
Form numbers of endorsements forming a part of the policy on its effective date: Deposit	532,980.
L7251(7), L6680B	

Premium is payable on effective date of policy \$

1st Anniversary \$

2nd Anniversary \$

This declarations page shall not be binding on the company unless countersigned by a duly authorized representative of the company, and attached, when issued, to Section One of the company's Liability Insurance Policy, and completed by one or more Coverage Parts for which there is an advance premium indicated on this page.

CONFIDENTIAL

James R. Jensen

EXHIBIT J

**ROBERT GALARDI AFFIDAVIT IN SUPPORT OF THE CONTINENTAL INSURANCE COMPANY'S
RESPONSE IN OPPOSITION TO FREEPORT-MCMORAN COPPER & GOLD, INC.'S MOTION TO
DISMISS OR STAY THIS ACTION**

CENTURY INDEMNITY COMPANY, ET AL., VS. FREEPORT-MCMORAN COPPER & GOLD INC., ET AL.

**IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
CIVIL ACTION NO. 08 CV 02012**

CBM-IPG\SF407339.1

mium is payable **On** **8-22-36** of policy \$ **1st Anniversary** \$ **2nd Anniversary** \$

Total Advance Premium for this policy. \$100.00

1 Pad. 7251 (8), L5600B, L7189A, 82119, 82100, L5199, L6817A, L5638B,
L7104A, L7165C

: 1st Anniversary \$: 2nd Anniversary \$

Countersigned by

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